



APPLICATION TO SERVE ON THE GILA COUNTY COMMUNITY ACTION PROGRAM ADVISORY BOARD

The Gila County Community Action Program (CAP) extends you an invitation to become a volunteer CAP Advisory Board (Board) member. As a dedicated Board member, you shall serve as an advocate for people in need, provide input and receive information on the CAP programs. You shall be required to attend four (4) meetings a year in person, telephonically or by electronic media. A Board member shall be appointed for a term of four (4) years.

Name: _____

Home address: _____

City/State/Zip Code: _____

Cell Phone #: _____ Home Phone #: _____

Work Phone #: _____ E-Mail: _____

Date of Birth: _____

Have you ever been convicted of a felony? ☐ NO ☐ YES If yes, please explain:

THE SECTOR YOU ARE APPLYING TO REPRESENT (choose one):

- ☐ PUBLIC: Represents the Gila County Board of Supervisors.

Name of Supervisor that you represent: _____

- ☐ PRIVATE: Member of a business, industry, labor, religious, law enforcement, welfare, education, nonprofit or other major groups and interests in the community.

Name of business/organization: _____

- ☐ LOW-INCOME: Low-income person, or representative of low-income, who resides in the low-income community for which the election is to be held.

If representative for low-income:

Name of business/organization: _____

Your job position: _____

Date started: _____

Approximate number of work hours per month: _____



APPLICATION TO SERVE ON THE GILA COUNTY COMMUNITY ACTION PROGRAM ADVISORY BOARD

If low-income, household gross monthly income \$ _____

Note: You must submit a sworn and notarized statement of your (or household's) annual income for the twelve months preceding this application for candidacy.

Statement of interest and experience (attach additional/separate page, if needed):

Signature

Date

All information provided is and shall remain confidential.

For Office Use Only

Application received: _____

Date forwarded to Board of Supervisors (Public Sector): _____

Number of public votes (Low-Income Sector): _____

Number of CAP Advisory Board votes (Private Sector): _____

Application approved/denied: _____

Date approved/acknowledged by CAP Advisory Board: _____

Date approved/acknowledged by Board of Supervisors: _____

Date letter of decision sent: _____

Term of Appointment _____ County _____